

|  |                        |                        |
|--|------------------------|------------------------|
| <h2 style="margin: 0;">TRANSMITTAL<br/>FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p> | Application Number     | 10/604,062-Conf. #1061 |
|  | Filing Date            | June 24, 2003          |
|  | First Named Inventor   | Simon Fleury           |
|  | Art Unit               | 2123                   |
|  | Examiner Name          | M. C. Jacob            |
| Total Number of Pages in This Submission   | Attorney Docket Number | 09428/113002           |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Request for Continued Examination Transmittal |
| <div style="border: 1px solid black; width: 100px; float: left; margin-bottom: 5px;">Remarks</div>  |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                       |          |        |
|--|-----------------------|----------|--------|
| Firm Name                                  | OSHA · LIANG LLP      |          |        |
| Signature                                  |                       |          |        |
| Printed name                               | T. Chyau Liang, Ph.D. |          |        |
| Date                                       | June 15, 2007         | Reg. No. | 48,885 |

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 15, 2007  
Date



Signature

T. Chyau Liang, Ph.D.

Typed or printed name of person signing Certificate

48,885

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

Reply Pursuant to 37 C.F.R. Section 1.114 w/attachment (25 pages)

Fee Transmittal (1 page)

Charge \$910.00 to credit card

|   |      |                                 |                        |              |
|---|------|---------------------------------|------------------------|--------------|
| <p>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3> |      | <p><b>Complete If Known</b></p> |                        |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      | Application Number              | 10/604,062-Conf. #1061 |              |
|   |      | Filing Date                     | June 24, 2003          |              |
|   |      | First Named Inventor            | Simon Fleury           |              |
|   |      | Examiner Name                   | M. C. Jacob            |              |
|   |      | Art Unit                        | 2123                   |              |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 910.00                          | Attorney Docket No.    | 09428/113002 |

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: **50-0591**   
 Deposit Account Name: **Osha - Liang LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|---------------------------|----------|---------------|
| 34   | - 36 =       | x        | =             |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20.      |              |          |               |                           |          |               |
| Indep. Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| 2  | - 3 =        | x        | =             |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3. |              |          |               |                           |          |               |

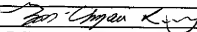
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
|              | - 100 =      | /50 =  | (round up to a whole number) x | =             |

**4. OTHER FEE(S)**

|   | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |               |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | 120.00        |
| 1801 Request for continued examination (RCE) (see 37 ...)                           | 790.00        |

|                     |   |                  |        |           |                |
|---------------------|---|------------------|--------|-----------|----------------|
| <b>SUBMITTED BY</b> |   | Registration No. | 48,885 | Telephone | (713) 228-8600 |
| Signature           |  | (Attorney/Agent) |        | Date      | June 15, 2007  |
| Name (Print/Type)   | T. Chyau Liang, Ph.D.   |                  |        |           |                |